

## Client Services Certification Process – Scenario # 01A

<b>System Name:</b>	Client Services	<b>Certification Scenario #:</b>	01A
<b>Contract Provider Name:</b>		<b>Legal Entity #:</b>	
<b>Contact Name:</b>		<b>Phone #:</b>	
<b>Email Address:</b>			
<b>Test Scenario Name:</b>	Search_AdmitNew_Create_Get_Update_Get	<b># of Steps to be Completed:</b>	27

**Purpose of Scenario:** To demonstrate the ability to search for a non-existing IBHIS client record using the *SearchClient* operation; then create a new client using the *AdmitNewClient* operation. TPs are then asked to submit various information pertinent to the Client by using relevant ‘Create’ operations; verifying the submitted information via ‘Get’ operations; subsequently updating information through ‘Update’ operations and finally confirming updates through the ‘Get’ operations.

### Instructions:

- Please come up with a unique name (e.g. Broken Chair or Jumbo Shrimp) as you search and create the Client record. This will increase the likelihood that your client will not already exist in IBHIS.
- Trading Partners (TP)s are required to submit the values specified in this script unless otherwise noted.
- All items in **Red** font must be provided and documented in this script by Trading Partners.
- For data elements that do not pertain to your agency, delete the value in the input column and state ‘Left Blank’. For example: If your agency doesn’t use ‘County School’ data element and the script is asking to input a value, delete the value and state ‘Left Blank’.
- If operations do not apply to your agency (for example ‘Pregnancy’ related operations), then state it in the script next to the operation name.
- **This script is intended for Trading Partners which provide outpatient services.** When submitting web service requests, the <Admission24Hour> node should not exist in your submission.
- **If your agency does not claim Medicare service skip steps 11 thru 15 and document in the script.**

### Step # 1:

**Operation:** *SearchClient*

**Scenario:** Searching for a client that does not exist in IBHIS.

<b>Input Data for Operation</b> (To Be Completed by the LEs)	<b>Discrepancy Between Input Data and Avatar</b> (DMH Use Only)	<b>Pass/Fail</b> (DMH Use Only)
<b>Client ID:</b> Leave blank		
<b>Client First Name:</b> (Enter the Client First Name) _____		
<b>Client Last Name:</b> (Enter the Client Last Name) _____		
<b>Date of Birth:</b> 1985-10-15		
<b>Social Security Number:</b> Leave blank		
<b>Medical Policy Number:</b> Leave blank		
<b>Gender:</b> F		
<b>Alias:</b> Leave blank		

### (Expected Result)

**Operation:** *SearchClient*

**Output:** <ErrorCode>0005</ErrorCode>

<ErrorDescription>The matching record is not found with the criteria you are looking for. source:

Avatar</ErrorDescription>

**Note:** When the Client searched does not exist, results will not be returned in the output. Instead the requester will receive a ‘Matching Record Not Found’ error noted above.

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Step # 2:		
Operation: <i>AdmitNewClient</i>		
Scenario: Admitting a new client to IBHIS.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
Client Prefix: Ms		
Client First Name: (Enter the Client First Name)		
Client Middle Initial: A		
Client Last Name: (Enter the Client Last Name)		
Client Suffix: IV		
Alias: (leave blank)		
Email: any@nowhere.com		
Gender: F		
Date of Birth: 1985-10-15		
Social Security Number: 123129876		
Marital Status: Single		
Primary Language: English		
Education: AA		
Employment Status: CW		
Client Other Race: (leave blank)		
Ethnicity: (leave blank)		
Smoking Assessment: (leave blank)		
Smoking Assessment Date: (leave blank)		
Living Arrangements: 1		
Client's Home Phone: 5625551212		
Street Address 1: 123 Some Place Lane		
Street Address 2: Suite 10		
ZIP Code: 90005-0000		
Admission Date: 2014-03-01		
Admission Time: 11:55AM		
Type of Admission: Elective		
Admitting Staff NPI: (Enter the Practitioner NPI)		
<p>(Items in Red Font To Be Completed by the LEs)</p> <p>Operation: <i>AdmitNewClient</i></p> <p>IBHIS Acknowledgement: "Client Admission web service has been filed successfully."</p> <p><b>IBHIS Client ID:</b></p> <p><b>IBHIS Episode ID:</b> 1</p> <p><b>IBHIS Client Prefix:</b> Ms</p> <p><b>IBHIS Client First Name:</b></p> <p><b>IBHIS Client Middle Initial:</b> A</p> <p><b>IBHIS Client Last Name:</b></p> <p><b>IBHIS Client Suffix:</b> IV</p>		

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Step # 3:		
Operation: <i>CreateClientCSI</i>		
Scenario: Creating CSI information for a new client in IBHIS.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2) _____		
<b>Episode ID:</b> 1		
<b>Birth First Name:</b> (Enter Birth First Name) _____		
<b>Birth Last Name:</b> (Enter Birth Last Name) _____		
<b>Birth Middle Name:</b> (Enter Birth Middle Name) _____		
<b>Mothers First Name:</b> (Enter Mothers First Name) _____		
<b>Fiscally Responsible County for Client:</b> LosAngeles		
<b>Place of Birth County:</b> (Leave blank)		
<b>Place of Birth State:</b> CA		
<b>Place of Birth Country:</b> US		
<b>Admission Necessity Code:</b> UnknownNotReported		
<b>Conservatorship/Court Status:</b> UnknownNotReported		
<b>Special Population:</b> NoSpecPop		
<b>Legal Class:</b> UnknownNotReported		
<b>County School:</b> (Leave blank)		
<b>Number of Dependents Less than 18 Year Old:</b> 0		
<b>Number of Dependents Over 18 Year Old:</b> 0		
<b>Preferred Language:</b> Q		
<b>CSI Ethnicity:</b> N		
<b>CSI Race:</b> 1		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>CreateClientCSI</i> <b>IBHIS Acknowledgement:</b> "CSI Admission web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS EpisodeID:</b> 1		

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<b>Step # 4:</b>			
<b>Operation:</b> <i>GetClientDetails</i>			
<b>Scenario:</b> Retrieving Client Demographics and CSI information from IBHIS.			
<b>Input Data Element</b>	<b>Values Entered in the Input</b>		
<b>Client ID:</b>	(Enter the Client ID returned in Step #2)		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Client ID returned in Step #2		
<b>Client Prefix:</b>	MS		
<b>Client First Name:</b>	Client First Name entered in Step #2		
<b>Client Middle Initial:</b>	A		
<b>Client Last Name:</b>	Client First Name entered in Step #2		
<b>Client Suffix:</b>	IV		
<b>Email:</b>	any@nowhere.com		
<b>Gender:</b>	F		
<b>Date of Birth:</b>	1985-10-15		
<b>Social Security Number:</b>	123129876		
<b>Marital Status:</b>	Single		
<b>Primary Language:</b>	English		
<b>Education:</b>	AA		
<b>Employment Status:</b>	CW		
<b>StreetAddress1:</b>	123 Some Place Lane		
<b>StreetAddress2:</b>	Suite 10		
<b>City:</b>	LOS ANGELES		
<b>State:</b>	CA		
<b>ZipCode:</b>	90005-0000		
<b>ClientsHomePhone:</b>	5625551212		
<b>Birth First Name:</b>	Birth First Name entered in Step #3		
<b>Birth Last Name:</b>	Birth Last Name entered in Step #3		
<b>Birth Middle Name:</b>	Birth Middle Name entered in Step #3		
<b>Mothers First Name:</b>	Mothers First Name entered in Step #3		
<b>Fiscally Responsible County For Client:</b>	LosAngeles		
<b>Place of Birth State:</b>	CA		
<b>Place of Birth Country:</b>	US		
<b>Preferred Language:</b>	Q		
<b>Admission Necessity Code:</b>	UnknownNotReported		
<b>Conservatorship / Court Status:</b>	UnknownNotReported		
<b>Special Population:</b>	NoSpecPop		
<b>Legal Class:</b>	UnknownNotReported		
<b>Number of Dependents Less than 18YO:</b>	0		
<b>Number of Dependents Over 18YO:</b>	0		
<b>CSI Ethnicity:</b>	N		
<b>CSI Race 1:</b>	1		

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<b>Step # 5:</b> <b>Operation:</b> <i>UpdateClientDetails</i> <b>Scenario:</b> Updating a Client's Demographics and CSI information.		
<b>Input Data for Operation</b> <i>(Update the Client's record with the values defined below in blue.)</i>	<b>Discrepancy Between Input Data and Avatar</b> <i>(DMH Use Only)</i>	<b>Pass/Fail</b> <i>(DMH Use Only)</i>
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>Client Prefix:</b> Mrs		
<b>Client First Name:</b> (Update the Client First Name entered in Step #2 by entering a different name)		
<b>Client Middle Initial:</b> M		
<b>Client Last Name:</b> (Update the Client Last Name entered in Step #2 by entering a different name)		
<b>Client Suffix:</b> III		
<b>Alias:</b> Butterfly		
<b>Email:</b> Any@nowhere.com		
<b>Gender:</b> F		
<b>Date of Birth:</b> 1985-01-15		
<b>Social Security Number:</b> 123129899		
<b>Marital Status:</b> Married		
<b>Primary Language:</b> English		
<b>Education:</b> BA		
<b>Employment Status:</b> FC		
<b>Client Other Race:</b> UnknownNotReported		
<b>Ethnicity:</b> UnknownNotReported		
<b>Smoking Assessment:</b> NeverSmoked		
<b>Smoking Assessment Date:</b> 2014-03-02		
<b>Clients Home Phone:</b> 5625552121		
<b>Street Address 1:</b> 1234 Some Place Ave		
<b>Street Address 2:</b> Suite 1		
<b>ZIP Code:</b> 90005-4545		
<b>Birth First Name:</b> (Update Birth First Name entered in Step #3 by entering a different name)		
<b>Birth Last Name:</b> (Update Birth Last Name entered in Step #3 by entering a different name)		
<b>Birth Middle Name:</b> (Update Birth Middle Name entered in Step #3 by entering a different name)		
<b>Mothers First Name:</b> (Update Mothers First Name entered in Step #3 by entering a different name)		
<b>Fiscally Responsible County for Client:</b> Orange		
<b>Place of Birth County:</b> 19		
<b>Place of Birth State:</b> CA		
<b>Place of Birth Country:</b> US		

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Step # 5: <i>CONTINUED...</i>		
Admission Necessity Code: <i>PlannedPriorAuth</i>		
Conservatorship/Court Status: <i>LPS</i>		
Special Population: <i>NoSpecPop</i>		
Legal Class: <i>Voluntary</i>		
County School: <i>30056</i>		
Number of Dependents Less than 18 Year Old: <i>1</i>		
Number of Dependents Over 18 Year Old: <i>3</i>		
Preferred Language: <i>7</i>		
CSI Ethnicity: <i>U</i>		
CSI Race 1: <i>3</i>		
CSI Race 2: <i>5</i>		
<i>(Items in Red Font To Be Completed by the LEs)</i>		
Operation: <i>UpdateClientDetails</i>		
IBHIS Acknowledgement: "Client Demographics web service has been filed successfully."		
IBHIS Client ID:		
IBHIS Client First Name:		
IBHIS Client Last Name:		
IBHIS Client Middle Initial: <i>M</i>		
IBHIS Client Prefix: <i>Mrs</i>		
IBHIS Client Suffix: <i>III</i>		

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<b>Step # 6:</b> <b>Operation:</b> <i>GetClientDetails</i> <b>Scenario:</b> Verifying updates by retrieving client demographics and CSI information.			
<b>Input Data Element</b>	<b>Values Entered in the Input</b>		
<b>Client ID:</b>	(Enter the Client ID returned in Step #2)		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Client ID returned in Step #2		
<b>Client Prefix:</b>	MRS		
<b>Client First Name:</b>	Client First Name entered in Step #5		
<b>Client Middle Initial:</b>	M		
<b>Client Last Name:</b>	Client First Name entered in Step #5		
<b>Client Suffix:</b>	III		
<b>Alias:</b>	Butterfly		
<b>Email:</b>	Any@nowhere.com		
<b>Gender:</b>	F		
<b>Date of Birth:</b>	1985-01-15		
<b>Social Security Number:</b>	123129899		
<b>Marital Status:</b>	Married		
<b>Primary Language:</b>	English		
<b>Education:</b>	BA		
<b>Employment Status:</b>	FC		
<b>Client Other Race:</b>	UnknownNotReported		
<b>Ethnicity:</b>	UnknownNotReported		
<b>Smoking Assessment:</b>	NeverSmoked		
<b>Smoking Assessment Date:</b>	2014-03-02		
<b>StreetAddress1:</b>	1234 Some Place Ave		
<b>StreetAddress2:</b>	Suite 1		
<b>City:</b>	LOS ANGELES		
<b>State:</b>	CA		
<b>ZipCode:</b>	90005-4545		
<b>Clients Home Phone:</b>	5625552121		
<b>Birth First Name:</b>	Birth First Name entered in Step #5		
<b>Birth Last Name:</b>	Birth Last Name entered in Step #5		
<b>Birth Middle Name:</b>	Birth Middle Name entered in Step #5		
<b>Mothers First Name:</b>	Mothers First Name entered in Step #5		
<b>Fiscally Responsible County For Client:</b>	Orange		
<b>Place of Birth County:</b>	19		
<b>Place of Birth State:</b>	CA		
<b>Place of Birth Country:</b>	US		
<b>Preferred Language:</b>	7		
<b>Admission Necessity Code:</b>	PlannedPriorAuth		
<b>Conservatorship / Court Status:</b>	LPS		
<b>Special Population:</b>	NoSpecPop		
<b>Legal Class:</b>	Voluntary		
<b>County School:</b>	30056		

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<b>Step # 6: CONTINUED...</b>			
<i>Number of Dependents Less than 18YO:</i>	1		
<i>Number of Dependents Over 18YO:</i>	3		
<i>CSI Ethnicity:</i>	U		
<i>CSI Race 1:</i>	3		
<i>CSI Race 2:</i>	5		



## Client Services Certification Process – Scenario # 01A

<b>Step # 7:</b> <b>Operation:</b> <i>CreateClientFinEligibility</i> <b>Scenario:</b> Creating Financial Eligibility for a client with MediCal as the primary guarantor and LA County as the secondary guarantor.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2) _____		
<b>Episode ID:</b> 1		
<b>Guarantor 1</b>		
<b>Coverage Effective Date:</b> 2014-01-01		
<b>Subscriber Address:</b> 1234 Some Place Ave		
<b>Subscriber Address2:</b> Suite 1		
<b>Subscriber Zip:</b> 90005-4545		
<b>Subscriber Date of Birth:</b> 1985-01-15		
<b>Subscriber Policy Number:</b> 95533888C		
<b>Subscriber Assignment of Benefits:</b> Yes		
<b>Subscriber Release of Information:</b> YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b> Yes		
<b>Subscriber Gender:</b> F		
<b>Subscriber Social Security Number:</b> 123129899		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5) _____		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5) _____		
<b>Guarantor Order:</b> 1		
<b>Guarantor:</b> MediCalGuarantor		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>SubscriberClientIndexNumber:</b> 95533888C		
<b>Guarantor Name:</b> Medi-Cal		
<b>Guarantor 2</b>		
<b>Coverage Effective Date:</b> 2014-01-01		
<b>Subscriber Address:</b> 1234 Some Place Ave		
<b>Subscriber Address2:</b> Suite 1		
<b>Subscriber Zip:</b> 90005-4545		
<b>Subscriber Date of Birth:</b> 1985-01-15		
<b>Subscriber Policy Number:</b> 123129899		
<b>Subscriber Assignment of Benefits:</b> Yes		
<b>Subscriber Release of Information:</b> YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b> Yes		
<b>Subscriber Gender:</b> F		
<b>Subscriber Social Security Number:</b> 123129899		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5) _____		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5) _____		
<b>Guarantor Order:</b> 2		
<b>Guarantor:</b> NonMediCalGuarantor		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>Guarantor Name:</b> LA County		

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Step # 7: *CONTINUED...*

*(Items in Red Font To Be Completed by the LEs)*

**Operation:** *CreateClientFinEligibility*

**IBHIS Acknowledgement:** "Financial Eligibility web service has been filed successfully."

**IBHIS Client ID:**

**IBHIS Episode ID:** 1

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<b>Step # 8:</b>			
<b>Operation:</b> <i>GetClientFinEligibility</i>			
<b>Scenario:</b> Retrieving a Client's Financial Eligibility information.			
<b>Input Data Element</b>	<b>Value to be entered</b>		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
<b>Episode ID:</b>	1		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Client ID returned in Step # 2		
<b>Episode ID:</b>	1		
Guarantor-2			
<b>Coverage Effective Date:</b>	2014-01-01		
<b>Subscriber First Name:</b>	Name entered in Step # 7		
<b>Subscriber Last Name:</b>	Name entered in Step # 7		
<b>Subscriber Address:</b>	1234 Some Place Ave		
<b>Subscriber Address 2:</b>	Suite 1		
<b>Subscriber Zip:</b>	90005-4545		
<b>Subscriber City:</b>	LOS ANGELES		
<b>Subscriber State:</b>	CA		
<b>Subscriber Date of Birth:</b>	1985-01-15		
<b>Subscriber Policy Number:</b>	123129899		
<b>Subscriber Client Index Number:</b>	99999999C		
<b>Subscriber Assignment of Benefits:</b>	Yes		
<b>Subscriber Release of Information:</b>	YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b>	Yes		
<b>Subscriber Social Security Number:</b>	123129899		
<b>Subscriber Gender:</b>	F		
<b>Guarantor Name:</b>	LA County		
<b>Guarantor Order:</b>	2		
<b>Clients Relationship To Subscriber:</b>	Self		
Guarantor-1			
<b>Coverage Effective Date:</b>	2014-01-01		
<b>Subscriber First Name:</b>	Name entered in Step # 7		
<b>Subscriber Last Name:</b>	Name entered in Step # 7		
<b>Subscriber Address:</b>	1234 Some Place Ave		
<b>Subscriber Address 2:</b>	Suite 1		
<b>Subscriber Zip:</b>	90005-4545		
<b>Subscriber City:</b>	LOS ANGELES		
<b>Subscriber State:</b>	CA		
<b>Subscriber Date of Birth:</b>	1985-01-15		
<b>Subscriber Policy Number:</b>	95533888C		
<b>Subscriber Client Index Number:</b>	95533888C		
<b>Subscriber Assignment of Benefits:</b>	Yes		
<b>Subscriber Release of Information:</b>	YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b>	Yes		
<b>Subscriber Social Security Number:</b>	123129899		
<b>Subscriber Gender:</b>	F		
<b>Guarantor Name:</b>	Medi-Cal		
<b>Guarantor Order:</b>	1		
<b>Clients Relationship To Subscriber:</b>	Self		

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<b>Step # 9:</b> <b>Operation:</b> <i>UpdateClientFinEligibility</i> <b>Scenario:</b> Modifying an existing Client's Financial Eligibility. The Client has a new benefit address (Subscriber Address). Please update the Financial Eligibility to reflect the new address information. <b>Note:</b> The existing Guarantor setup/order should remain 'MediCal' as primary and- 'LA County' as the secondary. Note: LA County guarantor should always be the last guarantor in the guarantor order.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>Guarantor 1</b>		
<b>Coverage Effective Date:</b> Leave Blank		
<b>Subscriber Address:</b> 1234 Main Street		
<b>Subscriber Address2:</b> Suite 12		
<b>Subscriber Zip:</b> 90005-4545		
<b>Subscriber Date of Birth:</b> Leave Blank		
<b>Subscriber Policy Number:</b> Leave Blank		
<b>Subscriber Assignment of Benefits:</b> Leave Blank		
<b>Subscriber Release of Information:</b> Leave Blank		
<b>Coordination of Benefits:</b> Leave Blank		
<b>Subscriber Gender:</b> Leave Blank		
<b>Subscriber Social Security Number:</b> Leave Blank		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5)		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5)		
<b>Guarantor Order:</b> 1		
<b>Guarantor:</b> MediCalGuarantor		
<b>Step # 9: CONTINUED...</b>		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>Subscriber Client Index Number:</b> Leave Blank		
<b>Guarantor Name:</b> Medi-Cal		
<b>Guarantor 2</b>		
<b>Coverage Effective Date:</b> Leave Blank		
<b>Subscriber Address:</b> Leave Blank		
<b>Subscriber Address2:</b> Leave Blank		
<b>Subscriber Zip:</b> Leave Blank		
<b>Subscriber Date of Birth:</b> Leave Blank		
<b>Subscriber Policy Number:</b> Leave Blank		
<b>Subscriber Assignment of Benefits:</b> Leave Blank		
<b>Subscriber Release of Information:</b> Leave Blank		
<b>Coordination of Benefits:</b> Leave Blank		
<b>Subscriber Gender:</b> Leave Blank		
<b>Subscriber Social Security Number:</b> Leave Blank		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5)		

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<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5)		
<b>Guarantor Order:</b> 2		
<b>Guarantor:</b> NonMediCalGuarantor		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>Guarantor Name:</b> LA County		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> UpdateClientFinEligibility <b>IBHIS Acknowledgement:</b> "Financial Eligibility web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS Episode ID:</b> 1		

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<b>Step # 10:</b>			
<b>Operation:</b> <i>GetClientFinEligibility</i>			
<b>Scenario:</b> Retrieving Financial Eligibility to verify updates.			
<b>Input Data Element</b>	<b>Value to be entered</b>		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<i>Client ID:</i>	<i>Client ID returned in Step # 2</i>		
<i>Episode ID:</i>	1		
<b>Guarantor-1</b>			
<i>Coverage Effective Date:</i>	2014-01-01		
<i>Subscriber First Name:</i>	<i>Name entered in Step # 9</i>		
<i>Subscriber Last Name:</i>	<i>Name entered in Step # 9</i>		
<i>Subscriber Address:</i>	1234 Main Street		
<i>Subscriber Address 2:</i>	Suite 12		
<i>Subscriber Zip:</i>	90005-4545		
<i>Subscriber City:</i>	LOS ANGELES		
<i>Subscriber State:</i>	CA		
<i>Subscriber Date of Birth:</i>	1985-01-15		
<i>Subscriber Policy Number:</i>	123129899		
<i>Subscriber Client Index Number:</i>	99999999C		
<i>Subscriber Assignment of Benefits:</i>	Yes		
<i>Subscriber Release of Information:</i>	YesPrvdrHasSigndStmntPrmtRels		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<i>Coordination of Benefits:</i>	Yes		
<i>Subscriber Social Security Number:</i>	123129899		
<i>Subscriber Gender:</i>	F		
<i>Guarantor Name:</i>	LA County		
<i>Guarantor Order:</i>	3		
<i>Clients Relationship To Subscriber:</i>	Self		
<b>Guarantor-2</b>			
<i>Coverage Effective Date:</i>	2014-01-01		
<i>Subscriber First Name:</i>	<i>Name entered in Step # 9</i>		
<i>Subscriber Last Name:</i>	<i>Name entered in Step # 9</i>		
<i>Subscriber Address:</i>	1234 Some Place Ave		
<i>Subscriber Address 2:</i>	Suite 1		
<i>Subscriber Zip:</i>	90005-4545		
<i>Subscriber City:</i>	LOS ANGELES		
<i>Subscriber State:</i>	CA		
<i>Subscriber Date of Birth:</i>	1985-01-15		
<i>Subscriber Policy Number:</i>	95533888C		

## Client Services Certification Process – Scenario # 01A

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<b>Step # 10: CONTINUED...</b>			
<b>Subscriber Client Index Number:</b>	95533888C		
<b>Subscriber Assignment of Benefits:</b>	Yes		
<b>Subscriber Release of Information:</b>	YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b>	Yes		
<b>Subscriber Social Security Number:</b>	123129899		
<b>Subscriber Gender:</b>	F		
<b>Guarantor Name:</b>	Medi-Cal		
<b>Guarantor Order:</b>	2		
<b>Clients Relationship To Subscriber:</b>	Self		

## Client Services Certification Process – Scenario # 01A

<b>Step # 11 :</b> <b>Operation:</b> <i>UpdateClientFinEligibility</i> <b>Scenario:</b> Modifying an existing Client's Financial Eligibility. The client gains MediCare coverage. Please update the existing Financial Eligibility in order to add the MediCare as the primary guarantor. <b>Note:</b> The existing Guarantors should remain intact, 'MediCal' should become the secondary and- 'LA County' the tertiary guarantors. <b>LA County guarantor should always be the last guarantor in the guarantor order.</b> <b>This scenario only applies to Trading Partners which render services to Medicare clients.</b>		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2) _____		
<b>Episode ID:</b> 1		
<b>Guarantor 1</b>		
<b>Coverage Effective Date:</b> 2014-06-01		
<b>Subscriber Address:</b> 1234 Some Place Ave		
<b>Subscriber Address2:</b> Suite 1		
<b>Subscriber Zip:</b> 90005-4545		
<b>Subscriber Date of Birth:</b> (leave blank)		
<b>Subscriber Policy Number:</b> 123129899MCR		
<b>Subscriber Assignment of Benefits:</b> Yes		
<b>Subscriber Release of Information:</b> YesPrvdrHasSigndStmntPrmtRels		
<b>Coordination of Benefits:</b> Yes		
<b>Subscriber Gender:</b> F		
<b>Subscriber Social Security Number:</b> 123129899		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5) _____		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5) _____		
<b>Guarantor Order:</b> 1		
<b>Guarantor:</b> MediCareOHCGuarantor		
<b>Clients Relationship To Subscriber:</b> Self		
<b>Guarantor Name:</b> Medicare		
<b>Guarantor 2</b>		
<b>Coverage Effective Date:</b> Leave Blank		
<b>Subscriber Address:</b> Leave Blank		
<b>Subscriber Address2:</b> Leave Blank		
<b>Subscriber Zip:</b> Leave Blank		
<b>Subscriber Date of Birth:</b> Leave Blank		
<b>Subscriber Policy Number:</b> Leave Blank		
<b>Subscriber Assignment of Benefits:</b> Leave Blank		
<b>Subscriber Release of Information:</b> Leave Blank		
<b>Coordination of Benefits:</b> Leave Blank		
<b>Subscriber Gender:</b> Leave Blank		
<b>Subscriber Social Security Number:</b> Leave Blank		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5) _____		



## Client Services Certification Process – Scenario # 01A

<b>Step # 11: CONTINUED...</b>		
<b>Note: This scenario only applies to Trading Partners which render services to Medicare clients.</b>		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5)		
<b>Guarantor Order:</b> 2		
<b>Guarantor:</b> MediCalGuarantor		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>Subscriber Client Index Number:</b> Leave Blank		
<b>Guarantor Name:</b> Medi-Cal		
<b>Guarantor 3</b>		
<b>Coverage Effective Date:</b> Leave Blank		
<b>Subscriber Address:</b> Leave Blank		
<b>Subscriber Address2:</b> Leave Blank		
<b>Subscriber Zip:</b> Leave Blank		
<b>Subscriber Date of Birth:</b> Leave Blank		
<b>Subscriber Policy Number:</b> Leave Blank		
<b>Subscriber Assignment of Benefits:</b> Leave Blank		
<b>Subscriber Release of Information:</b> Leave Blank		
<b>Coordination of Benefits:</b> Leave Blank		
<b>Subscriber Gender:</b> Leave Blank		
<b>Subscriber Social Security Number:</b> Leave Blank		
<b>Subscriber First Name:</b> (Enter the Client First Name entered in Step #5)		
<b>Subscriber Last Name:</b> (Enter the Client Last Name entered in Step #5)		
<b>Guarantor Order:</b> 3		
<b>Guarantor:</b> NonMediCalGuarantor		
<b>ClientsRelationshipToSubscriber:</b> Self		
<b>Guarantor Name:</b> LA County		
<b>(Items in Red Font To Be Completed by the LEs)</b>		
<b>Operation:</b> UpdateClientFinEligibility		
<b>IBHIS Acknowledgement:</b> "Financial Eligibility web service has been filed successfully."		
<b>IBHIS Client ID:</b>		
<b>IBHIS Episode ID:</b> 1		

## Client Services Certification Process – Scenario # 01A

### Step # 12:

#### Operation: *UpdateClientGuarantorPlanDetails*

**Scenario:** When creating or updating a financial eligibility, IBHIS creates default guarantor plan levels. The initial plan level start date is a default of 2000-01-01. As clients lose third party benefits, plan levels must be end dated in IBHIS to reflect loss of coverage. In this step Trading Partners will end Medicare coverage by establishing a level end date. Please update the default plan level to reflect a Benefit Level End Date of 03/31/2014.

**Note:** This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>Guarantor Name:</b> Medicare		
<b>Guarantor Benefit Level End Date:</b> 2014-03-31		
<b>PlanUniqueLevelNumber:</b> 2		

(Items in Red Font To Be Completed by the LEs)

#### Operation: *UpdateClientGuarantorPlanDetails*

**IBHIS Acknowledgement:** "Customize Plan Details web service has been filed successfully."

**IBHIS Client ID:**

**IBHIS Episode ID:** 1

**IBHIS Guarantor Name:** Medicare

**IBHIS PlanUniqueLevelNumber:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

**IBHIS Guarantor Benefit Level End Date:** 2014-03-31

**IBHIS Guarantor Name:** Medi-Cal

**IBHIS PlanUniqueLevelNumber:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

**IBHIS Guarantor Name:** LA County

**IBHIS Plan Unique Level Number:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

### Step # 13:

#### Operation: *GetClientGuarantorPlanDetails*

**Scenario:** Retrieving updated guarantor plan detail submissions.

Input Data Element	Value to be entered		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
<b>Episode ID:</b>	1		
<b>Guarantor Name:</b>	Medicare		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<b>Client ID:</b>	Client ID returned in Step # 2		

### Step # 15: CONTINUED...

**Note:** This scenario only applies to Trading Partners which render services to Medicare clients.

<b>Episode ID:</b>	1		
<b>Guarantor Name:</b>	Medicare		
<b>Plan Unique Level Number:</b>	1		

## Client Services Certification Process – Scenario # 01A

<b>Guarantor Benefit Level Start Date:</b>	2000-01-01		
<b>Guarantor Benefit Level End Date:</b>	2014-03-31		

### Step # 14:

#### Operation: *CreateClientGuarantorPlanDetails*

**Scenario:** Creating new guarantor plan levels will establish new coverage periods for third party benefits. In the prior step the client loses MediCare coverage. Trading Partners established a coverage period end date by establishing a level end date. In order for a client to re-establish coverage in IBHIS, Trading Partners must submit a guarantor plan entry to establish a new level start date. Please create a level start date with the date client regained coverage.

**Note:** This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>Guarantor Name:</b> Medicare		
<b>Guarantor Benefit Level End Date:</b> (leave blank)		
<b>Guarantor Benefit Level Start Date:</b> 2014-06-01		

(Items in Red Font To Be Completed by the LEs)

#### Operation: *CreateClientGuarantorPlanDetails*

**IBHIS Acknowledgement:** "Customize Plan Details web service has been filed successfully."

**IBHIS Client ID:**

**IBHIS Episode ID:** 1

**IBHIS Guarantor Name:** Medicare

**IBHIS PlanUniqueLevelNumber:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

**IBHIS Guarantor Benefit Level End Date:** 2014-03-31

**IBHIS Plan Unique Level Number:** 2

**IBHIS Guarantor Benefit Level Start Date:** 2014-06-01

**IBHIS Guarantor Name:** Medi-Cal

**IBHIS PlanUniqueLevelNumber:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

**IBHIS Guarantor Name:** LA County

**IBHIS Plan Unique Level Number:** 1

**IBHIS Guarantor Benefit Level Start Date:** 2000-01-01

### Step # 15:

#### Operation: *GetClientGuarantorPlanDetails*

**Scenario:** Retrieving updated guarantor plan detail submissions.

**Note:** This scenario only applies to Trading Partners which render services to Medicare clients.

Input Data Element	Value to be entered		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
<b>Episode ID:</b>	1		
<b>Guarantor Name:</b>	Medicare		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<b>Client ID:</b>	Client ID returned in Step # 2		
<b>Episode ID:</b>	1		

## Client Services Certification Process – Scenario # 01A

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<i>Guarantor Name:</i>	Medicare		
<i>Plan Unique Level Number:</i>	1		
<i>Guarantor Benefit Level Start Date:</i>	2000-01-01		
<b>Step # 13: CONTINUED...</b>			
<b>Note: This scenario only applies to Trading Partners which render services to Medicare clients.</b>			
<i>Plan Unique Level Number:</i>	2		
<i>Guarantor Benefit Level Start Date:</i>	2014-06-01		

## Client Services Certification Process – Scenario # 01A

<b>Step # 16:</b> <b>Operation:</b> <i>CreateClientDiagnosis</i> <b>Scenario:</b> Creating a diagnosis record for the client in IBHIS. The submission must contain one Primary, one Secondary and one Tertiary diagnosis.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>Date of Diagnosis:</b> 2014-03-01		
<b>Type of Diagnosis:</b> Admission		
<b>Trauma:</b> Unknown		
<b>General Medical Condition Summary Code:</b> UnknownNotReported		
<b>Substance Abuse / Dependence:</b> Yes		
<b>Substance Abuse / Dependence Diagnosis:</b> F10.120		
Primary Diagnosis:		
<b>Diagnosing Staff NPI:</b> _____		
<b>Diagnosis Billing Order:</b> 1		
<b>Status:</b> Active		
<b>Diagnosis Ranking:</b> DiagnosisRankingPrimaryType		
<b>Ranking:</b> Primary		
<b>ICD10Code:</b> F03.91		
Secondary Diagnosis:		
<b>Diagnosing Staff NPI:</b> _____		
<b>Diagnosis Billing Order:</b> 2		
<b>Status:</b> Active		
<b>Diagnosis Ranking:</b> DiagnosisRankingNonPrimaryType		
<b>Ranking:</b> Secondary		
<b>ICD10Code:</b> F01.50		
Tertiary Diagnosis:		
<b>Diagnosing Staff NPI:</b> _____		
<b>Diagnosis Billing Order:</b> 3		
<b>Status:</b> Working		
<b>Diagnosis Ranking:</b> DiagnosisRankingNonPrimaryType		
<b>Ranking:</b> Tertiary		
<b>ICD10Code:</b> Z91.49		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>CreateClientDiagnosis</i> <b>IBHIS Acknowledgement:</b> "Client Diagnosis web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS DiagnosisUniqueID:</b> <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisRanking:</b> Primary <b>IBHIS ICD10Code:</b> F03.91 <b>IBHIS DiagnosisStatus:</b> Active <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisRanking:</b> Secondary <b>IBHIS ICD10Code:</b> F01.50 <b>IBHIS DiagnosisStatus:</b> Active <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisRanking:</b> Tertiary		

## Client Services Certification Process – Scenario # 01A

IBHIS ICD10Code: Z91.49  
IBHIS DiagnosisStatus: Working

### Step # 17:

**Operation:** *GetClientDiagnosis*

**Scenario:** Retrieving detailed diagnosis information.

Input Data Element	Value to be entered		
<i>Client ID:</i>	(Enter the Client ID returned in Step # 2)		
<i>Episode ID:</i>	1		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<i>Client ID:</i>	Client ID entered in Step #2		
<i>Episode ID:</i>	1		
<i>Episode Program ID:</i>	Contract Provider's Program ID		
<i>Diagnosis Unique ID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i>		
<i>Date of Diagnosis:</i>	2014-03-01		
<i>Type of Diagnosis</i>	Admission		
<i>Trauma:</i>	Unknown		
<i>General Medical Condition Summary Code:</i>	UnknownNotReported		
<i>Substance Abuse Dependence:</i>	Yes		
<i>Substance Abuse Dependence Diagnosis:</i>	F10.120		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Primary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Primary Diagnosis		
<i>Diagnosis Status:</i>	Active		
<i>Diagnosis Ranking:</i>	Primary		
<i>Diagnosis Billing Order:</i>	1		
<i>ICD 10 Code:</i>	F03.91		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Secondary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Secondary Diagnosis		
<i>Diagnosis Status:</i>	Active		
<i>Diagnosis Ranking:</i>	Secondary		
<i>Diagnosis Billing Order:</i>	2		
<i>ICD 10 Code:</i>	F01.50		
<i>DiagnosisCodeEntryRowID:</i>	This should be the same value returned in the output of <i>CreateClientDiagnosis</i> for Tertiary Diagnosis		
<i>Diagnosing Staff NPI:</i>	Practitioner NPI entered in <i>CreateClientDiagnosis</i> for Tertiary Diagnosis		
<i>Diagnosis Status:</i>	Working		
<i>Diagnosis Ranking:</i>	Tertiary		

**Client Services Certification Process – Scenario # 01A**

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<i>Diagnosis Billing Order:</i>	3		
<i>ICD 10 Code:</i>	Z91.49		

## Client Services Certification Process – Scenario # 01A

<b>Step # 18:</b> <b>Operation:</b> <i>UpdateClientDiagnosis</i> <b>Scenario:</b> Updating an existing diagnosis to correct errors.		
Input Data for Operation (To Be Completed by the LEs) <i>(Update the Client's record with the values defined below in blue.)</i>	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Episode ID:</b> 1		
<b>DiagnosisUniqueID:</b> Enter the DiagnosisUniqueID returned in <i>GetClientDiagnosis</i>		
<b>Type of Diagnosis:</b> Admission		
<b>Trauma:</b> No		
<b>General Medical Condition Summary Code:</b> HeartDis		
<b>Substance Abuse / Dependence:</b> Yes		
<b>Substance Abuse / Dependence Diagnosis:</b> F18.94		
<b>Diagnosis Code Entry Row ID:</b> Enter the DiagnosisCodeEntryRowID returned for Primary diagnosis in <i>GetClientDiagnosis</i>		
<b>Diagnosing Staff NPI:</b>		
<b>Diagnosis Billing Order:</b> 1		
<b>Diagnosis Status:</b> DiagnosisStatusType		
<b>Status:</b> Active		
<b>Diagnosis Ranking:</b> DiagnosisRankingPrimaryType		
<b>Ranking:</b> Primary		
<b>ICD10Code:</b> F03.90		
<b>Diagnosis Code Entry Row ID:</b> Enter the DiagnosisCodeEntryRowID returned for Secondary diagnosis in <i>GetClientDiagnosis</i>		
<b>Diagnosing Staff NPI:</b>		
<b>Diagnosis Billing Order:</b> 2		
<b>Diagnosis Status:</b> DiagnosisStatusType		
<b>Status:</b> Working		
<b>Diagnosis Ranking:</b> DiagnosisRankingNonPrimaryType		
<b>Ranking:</b> Secondary		
<b>ICD10Code:</b> F04		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>UpdateClientDiagnosis</i> <b>IBHIS Acknowledgement:</b> "Client Diagnosis web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS DiagnosisUniqueID:</b> <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisStatus:</b> Active <b>IBHIS DiagnosisRanking:</b> Primary <b>IBHIS ICD10Code:</b> F03.90 <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisStatus:</b> Working <b>IBHIS DiagnosisRanking:</b> Secondary <b>IBHIS ICD10Code:</b> F04 <b>IBHIS DiagnosisCodeEntryRowID:</b> <b>IBHIS DiagnosisStatus:</b> Working <b>IBHIS DiagnosisRanking:</b> Tertiary <b>IBHIS ICD10Code:</b> Z91.49		



## Client Services Certification Process – Scenario # 01A

<b>Step # 19:</b> <b>Operation:</b> <i>GetClientDiagnosis</i> <b>Scenario:</b> Verifying diagnosis submissions.			
<b>Input Data Element</b>	<b>Value to be entered</b>		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
<b>Episode ID:</b>	1		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Client ID entered in Step #2		
<b>Episode ID:</b>	1		
<b>Episode Program ID:</b>	Contract Provider's Program ID		
<b>Diagnosis Unique ID:</b>	This should be the same value returned in the output of UpdateClientDiagnosis		
<b>Date of Diagnosis:</b>	2014-03-01		
<b>Type of Diagnosis</b>	Admission		
<b>Trauma:</b>	No		
<b>General Medical Condition Summary Code:</b>	HeartDis		
<b>Substance Abuse Dependence:</b>	Yes		
<b>Substance Abuse Dependence Diagnosis:</b>	F18.94		
<b>DiagnosisCodeEntryRowID:</b>	This should be the same value returned in the output of UpdateClientDiagnosis for Primary Diagnosis		
<b>Diagnosing Staff NPI:</b>	Practitioner NPI entered in UpdateClientDiagnosis for Primary Diagnosis		
<b>Diagnosis Status:</b>	Active		
<b>Diagnosis Ranking:</b>	Primary		
<b>Diagnosis Billing Order:</b>	1		
<b>ICD 10 Code:</b>	F03.90		
<b>DiagnosisCodeEntryRowID:</b>	This should be the same value returned in the output of UpdateClientDiagnosis for Secondary Diagnosis		
<b>Diagnosing Staff NPI:</b>	Practitioner NPI entered in UpdateClientDiagnosis for Secondary Diagnosis		
<b>Diagnosis Status:</b>	Working		
<b>Diagnosis Ranking:</b>	Secondary		
<b>Diagnosis Billing Order:</b>	2		
<b>ICD 10 Code:</b>	F03.90		
<b>DiagnosisCodeEntryRowID:</b>	This should be the same value returned in the output of UpdateClientDiagnosis for Tertiary Diagnosis		
<b>Diagnosing Staff NPI:</b>	Practitioner NPI entered in UpdateClientDiagnosis for Tertiary Diagnosis		
<b>Diagnosis Status:</b>	Working		
<b>Diagnosis Ranking:</b>	Tertiary		
<b>Diagnosis Billing Order:</b>	3		
<b>ICD 10 Code:</b>	Z91.49		

## Client Services Certification Process – Scenario # 01A

<b>Step # 20:</b> <b>Operation:</b> <i>CreateClientUMDAP</i> <b>Scenario:</b> Creating an UMDAP entry.		
Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Number of Dependents Upon Income:</b> 1		
<b>Adjusted Monthly Income:</b> 2600		
<b>Annual Liability:</b> 1200		
<b>Responsible Person:</b> Self		
<b>Client Note:</b> (Leave blank)		
<b>Annual Charge Period:</b> 2014-03-01		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>CreateClientUMDAP</i> <b>IBHIS Acknowledgement:</b> "Client Additional UMDAP web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS ClientAdditionalUMDAPUniqueID:</b>		

<b>Step # 21:</b> <b>Operation:</b> <i>GetClientUMDAPDetails</i> <b>Scenario:</b> Retrieving a client's UMDAP information.			
Input Data Element	Value to be entered		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<b>Client ID:</b>	Same as Client ID entered above		
<b>Client Responsible Legal Entity:</b>	Should be the Contract Provider's ProgramID		
<b>Annual Charge Period:</b>	2014-03-01		
<b>Number of Dependents upon Income:</b>	1		
<b>Adjusted Monthly Income:</b>	2600		
<b>Annual Liability:</b>	1200		
<b>Responsible Person:</b>	Self		
<b>Client Note:</b>	This data attribute will not be returned since it was left blank in the CreateClientUMDAP		
<b>Record Creation Date:</b>	This will be the date when CreateClientUMDAP call was made.		
<b>Client Additional UMDAP Unique ID:</b>	Same ClientAdditionalUMDAPUniqueID returned in CreateClientUMDAP output.		

## Client Services Certification Process – Scenario # 01A

<b>Step # 22:</b> <b>Operation:</b> <i>UpdateClientUMDAP</i> <b>Scenario:</b> Updating a client's UMDAP information.		
<b>Input Data for Operation</b> (To Be Completed by the LEs) <i>(Update the Client's record with the values defined below in blue.)</i>	<b>Discrepancy Between Input Data and Avatar</b> (DMH Use Only)	<b>Pass/Fail</b> (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2)		
<b>Number of Dependents upon Income:</b> 2		
<b>Adjusted Monthly Income:</b> 5000		
<b>Annual Liability:</b> 10000		
<b>Responsible Person:</b> Self		
<b>Client Note:</b> The annual liability is \$10,000.		
<b>Client Additional UMDAP Unique ID:</b> (Enter the ClientAdditionalUMDAPUniqueID returned in the output of CreateClientUMDAP)		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>UpdateClientUMDAP</i> <b>IBHIS Acknowledgement:</b> "Client Additional UMDAP web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS ClientAdditionalUMDAPUniqueID:</b>		

<b>Step # 23:</b> <b>Operation:</b> <i>GetClientUMDAPDetails</i> <b>Scenario:</b> Verifying UMDAP submissions.			
<b>Input Data Element</b>	<b>Value to be entered</b>		
<b>Client ID:</b>	(Enter the Client ID returned in Step # 2)		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Same as Client ID entered above		
<b>Client Responsible Legal Entity:</b>	Should be the Contract Provider's ProgramID		
<b>Annual Charge Period:</b>	2014-03-01		
<b>Number of Dependents upon Income:</b>	2		
<b>Adjusted Monthly Income:</b>	5000		
<b>Annual Liability:</b>	10000		
<b>Responsible Person:</b>	Self		
<b>Client Note:</b>	The annual liability is \$10,000.		
<b>Record Creation Date:</b>	This will be the date when CreateClientUMDAP call was made.		
<b>Client Additional UMDAP Unique ID:</b>	Same ClientAdditionalUMDAPUniqueID returned in UpdateClientUMDAP output.		

## Client Services Certification Process – Scenario # 01A

### Step # 24:

**Operation:** *CreateClientPregnancy*

**Scenario:** Creating a Pregnancy record.

Note: This scenario only applies to Trading Partners which render services to female clients.

Input Data for Operation (To Be Completed by the LEs)	Discrepancy Between Input Data and Avatar (DMH Use Only)	Pass/Fail (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step #2) _____		
<b>Episode ID:</b> 1		
<b>Pregnancy Start Date:</b> 2013-09-01		
<b>Pregnancy End Date:</b> (Leave blank)		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>CreateClientPregnancy</i> <b>IBHIS Acknowledgement:</b> "Client Pregnancy web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS ClientPregnancyUniqueID:</b>		

### Step # 25:

**Operation:** *GetClientPregnancyDetails*

**Scenario:** Verifying Pregnancy submissions.

Note: This scenario only applies to Trading Partners which render services to female clients.

Input Data Element	Value to be entered		
<b>Client ID:</b>	Enter the Client ID returned in Step # 2		
<b>Episode ID:</b>	1		
Output Data Element	Expected Values	Enter any Discrepancy	Comment for Discrepancy (DMH Use Only)
<b>Client ID:</b>	Should be the same as Client ID entered above		
<b>Pregnancy Start Date:</b>	2013-09-01		
<b>Pregnancy End Date:</b>	This data attribute will not be returned since it was left blank in the <i>CreateClientPregnancy</i> .		
<b>Client Pregnancy Unique ID:</b>	Should be the same ID returned in the output of <i>CreateClientPregnancy</i> .		

## Client Services Certification Process – Scenario # 01A

<b>Step # 26:</b> <b>Operation:</b> <i>UpdateClientPregnancy</i> <b>Scenario:</b> Updating an existing Pregnancy entry. Note: This scenario only applies to Trading Partners which render services to female clients.		
<b>Input Data for Operation</b> (To Be Completed by the LEs) <i>(Update the Client's record with the values defined below in blue.)</i>	<b>Discrepancy Between Input Data and Avatar</b> (DMH Use Only)	<b>Pass/Fail</b> (DMH Use Only)
<b>Client ID:</b> (Enter the Client ID returned in Step # 2) _____		
<b>Episode ID:</b> 1		
<b>Pregnancy Start Date:</b> 2013-09-01		
<b>Pregnancy End Date:</b> 2014-06-01		
<b>Client Pregnancy Unique ID:</b> (Enter the ClientPregnancyUniqueID returned in the output of CreateClientPregnancy.) _____		
<b>(Items in Red Font To Be Completed by the LEs)</b> <b>Operation:</b> <i>UpdateClientPregnancy</i> <b>IBHIS Acknowledgement:</b> "Client Pregnancy web service has been filed successfully." <b>IBHIS Client ID:</b> <b>IBHIS ClientPregnancyUniqueID:</b>		

<b>Step # 27:</b> <b>Operation:</b> <i>GetClientPregnancyDetails</i> <b>Scenario:</b> Verifying Pregnancy submissions. Note: This scenario only applies to Trading Partners which render services to female clients.			
<b>Input Data Element</b>	<b>Value to be entered</b>		
<b>Client ID:</b>	Enter the Client ID returned in Step # 2		
<b>Episode ID:</b>	1		
<b>Output Data Element</b>	<b>Expected Values</b>	<b>Enter any Discrepancy</b>	<b>Comment for Discrepancy (DMH Use Only)</b>
<b>Client ID:</b>	Should be the same as Client ID entered above.		
<b>Pregnancy Start Date:</b>	2013-09-01		
<b>Pregnancy End Date:</b>	2014-06-01		
<b>Client Pregnancy Unique ID:</b>	Should be the same ID returned in the output of UpdateClientPregnancy.		